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ABSTRACT

This paper provides a brief review of the workshop held by the Human Resources Research Organization in March 1974 to acquaint mental health consultants with the procedures and instruments that have been developed to aid them in planning indirect services with schools. Among the specific objectives were: To disseminate information about the recently developed research products in a timely manner; to provide training in the use of the procedures and instruments; to prepare two mental health consultants in each of the selected areas as resource persons for others in the region who plan to use the methodology; and to obtain a critique of the procedures and instruments. The selection of participants was in three stages in order to have people with considerable experience in program oriented consultation with schools. The procedures and instruments developed were intended to: (1) provide the consultant with a broad range of information about the school; (2) enable the principal to organize his knowledge of and perceptions about problems in his school; and (3) provide systematic procedures for the principal, staff members and the consultant to obtain a comprehensive picture of the needs and problems of the school. (Author/NG)

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HUMAN RESOURCES RESEARCH ORGANIZATION

CG 011023

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The Human Resources Research Organization (HumRRO) is a nonprofit corporation established in 1969 to conduct research in the field of training and education. It was established as a continuation of The George Washington University, Human Resources Research Office. HumRRO's general purpose is to improve human performance, particularly in organizational settings, through behavioral and social science research, development, and consultation.

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Alexandria, Virginia 22314

SUMMARY REPORT OF WORKSHOP - March 1974:

Procedures for Identifying
Mental Health Problems in Schools

by

Elaine N. Taylor, Robert Vineberg,
S. James Goffard

April 1974

PREFACE

This is a summary report of a workshop on planning mental health consultation programs with schools which was conducted by the Human Resources Research Organization for mental health consultants on 20, 21, 22 March 1974. The summary has been prepared for interested representatives of the National Institute of Mental Health (NIMH), the Associate Regional Directors for Mental Health Service Programs who participated in the selection of mental health facilities to be represented at the workshop, and for the invited participants.

The HumRRO workshop was made possible through a grant from NIMH (Grant No. 3 R01 MH 21708-02-S1) which was a supplement to the grant for the larger research project, also supported by NIMH (Grant No. 1 R01 MH 21708).

We are indebted to the Project Monitor, Dr. Charles Windle, for his assistance in planning the workshop and to Dr. Beryce MacLennan, for her constructive role as an NIMH observer at the workshop.

The authors of this report served as the workshop staff and conducted the research which provided the basis for the workshop. The research study, conducted at HumRRO, Western Division, was initiated in June, 1972 and will be completed in January, 1975.

Howard H. McFann
Director, Western Division
Human Resources Research Organization

INTRODUCTION

This paper provides a brief review of the workshop held by the Human Resources Research Organization in March 1974 to acquaint mental health consultants with the procedures and instruments that have been developed to aid them in planning indirect services with schools.¹ The procedures and instruments are presented in a manual ("Procedures for Identifying Mental Health Problems in Intermediate and Secondary Schools"²) which was sent in draft form to all participants prior to the meeting.

Our specific objectives in holding the workshop were:

1. To disseminate information about these recently developed research products in a timely manner, in advance of publication of the manual.
2. To provide training in the use of the procedures and instruments.
3. To prepare two mental health consultants in each of the ten HEW Regions as resource persons for others in the region who plan to employ the planning methodology.
4. To obtain a critique of the procedures and instruments as presented in the draft manual.
5. To arrange field trials of the methodology by the participants during the school year 1974-75.
6. To introduce a plan for publishing a collection of papers to be written by the participants about these field experiences.

¹Supported by NIMH Research Grant #1 RO1 MH 21708

²HumRRO, Technical Report, in preparation

The schedule followed during the 2½ day meeting is shown on a separate page. The workshop was held at the Asilomar Conference Grounds in Pacific Grove, California.

In planning the workshop, the NIMH Project Monitor¹ and the research staff decided that two mental health representatives from each of the 10 HEW Regions should be invited. Participants were selected in a three-stage process designed to identify persons with considerable experience in program-oriented consultation with schools. In the first stage, we went over a printout provided by NIMH of its most recent (January 1972) data showing the amount of time Community Mental Health Centers reported spending in program-oriented consultation with schools. From these data, the most active 54 centers (out of 270) were identified. In the second stage, a list of the most active centers was sent to each of the ten Associate Regional Directors for Mental Health Service Programs, NIMH, requesting them to assist in choosing the most appropriate centers for final representation.² When the Regional Offices had identified the most appropriate centers, we selected two in each region, primarily on the basis of their geographic location within the Region. In the third stage, letters were sent to the twenty Community Mental Health Center Directors, explaining the nature of the workshop and asking them to suggest one of their staff members for attendance.³

¹Dr. Charles Windle, Program Evaluation Specialist, Mental Health Services Development Branch, Dept. of HEW, National Institute of Mental Health.

²See Appendix A-1 for copy of Memorandum sent to Associate Regional Health Directors for Mental Health from the Acting Director, Division of Mental Health Service Programs and the accompanying letter of explanation from HumRRO.

³See Appendix A-2 for copy of letter sent to Community Mental Health Center Directors and the criteria suggested for selecting representatives.

HumRRO Mental Health Workshop

March 20 - 22

1974

SCHEDULE

Wednesday Morning

Introduction to Workshop

Welcoming Remarks
Workshop Objectives and Schedule
Workshop Participants

Background and Description of Study
Description of Instruments and Procedures Manual
Discussion of Illustrative Data (begun)

Wednesday Afternoon

Discussion of Illustrative Data (completed)
Small Group Exercise Using Sample Data From One School

Thursday Morning

Small Group Exercise Using Sample Data From Another School
Other Analysis Techniques and Observations about Pilot Study Data

Thursday Afternoon

Critique of Manual and Instruments

Friday Morning

Comments from NIMH Observer
Planning for Future Use of Instruments
Closing Remarks

A list of the workshop participants is given in Appendix B. Their informal comments indicated that the selection procedure was highly successful in bringing together a group of people who had not only common goals and interests but also considerable experience in program-oriented consultation.

BACKGROUND

The methodology for assessing school needs and problems developed out of a concern by NIMH that many programs of indirect services were not of great relevance to schools being served. Historically, programs of consultation have tended to be (1) unplanned, (2) responsive to the needs of only a few individuals, (3) limited by the personal interests or biases of the mental health worker, (4) continued indefinitely in an unsystematic manner, and (5) rarely questioned as to their relevance.¹ Whether the indirect services provided to a school are relevant depends upon an analysis of the school's needs and problems.

For this purpose we developed procedures and instruments designed to: (1) provide the consultant with a broad range of information about the school; (2) enable the principal to organize his knowledge of and perceptions about problems in his school; and (3) provide systematic procedures for the principal (and members of his staff) and the consultant to obtain a comprehensive picture of the needs and problems of the school.

¹ See, for example: McClung, Franklin B., and Stunden, Alastair H. Mental Health Consultation to Programs for Children, Public Health Service Publication No. 2066, National Institute of Mental Health, Bethesda, Md. 1970.

First, two fundamental questions were addressed: (1) How can the relevance of a problem selected for intervention be determined and (2) What kinds of problems are suitable for program-oriented consultation?

We adopted a somewhat arbitrary but, we believe, logically sound criterion of relevance: the relevance of a problem is determined by the number of people it affects and the extent to which it threatens achievement of school goals. The most relevant problem in a school is the one which affects the most people and which interferes most with attainment of the educational goals of the school.¹

To determine what kinds of problems are suitable for program-oriented consultation, we examined the recent literature in mental health, sociology, and education and interviewed a number of mental health consultants, educational researchers, and school psychologists. The problems we identified can be classified into three categories:

1. General crisis, which has the potential to disrupt or halt the operation of the school (e.g. student unrest, racial conflict).
2. Groups at risk, groups of students who are in effect excluded from the learning process by, for example, linguistic barriers, or who exhibit behavior often symptomatic of emotional problems such as vandalism, drug abuse, underachievement and sexual promiscuity.
3. Those characteristics of and interrelationships among the components of a school which may be assumed to impede progress toward the school's goals, as for example, the way the principal gets along

¹Under this criterion, the school is responsible for defining its own educational goals. Even though these goals may vary from school to school, this criterion provides a means for ordering problems, whatever the goals of a school may be.

with the teachers, the respect shown between teachers and students, marked heterogeneity in the backgrounds of students, etc.

A pool of items representing each of these categories was developed for inclusion in preliminary forms of the instruments. We developed three forms of a staff questionnaire containing an aggregate of 250 items, a student questionnaire containing 100 items, and an outline for an interview with the principal containing 60 items. In a pilot study, data were collected from 34 intermediate schools in 4 different states. During a four-day working conference (August 1973) with our project consultants, we examined the data from several of these schools.¹ These consultants reviewed the intended purposes of the instruments; the format, the scaling, and the content of the questionnaire items; the coverage and organization of the interview form. Also, procedures for collecting data and planning consultations were recommended. It was agreed that the questionnaires for staff and students were too lengthy and should

¹Participants were:

Ira Iscoe, Ph.D., Director, Graduate Training in Community Mental Health and Director, Counseling-Psychological Services Center, University of Texas. Former president of the APA Division of Community Psychology.

Russell Lee, M. D., Director, Mental Health Services of Emanuel Medical Center, Turlock, California.

Beryce MacLennan, Ph.D., Director NIMH Mental Health Study Center, Adelphi, Maryland.

Charles D. Spielberger, Ph.D., Director, Doctoral Program in Clinical and Community Psychology, University of South Florida, Editor, *American Journal of Community Psychology*, President-elect of the APA Division of Community Psychology.

Mitchell Baris, M. A., Child Advocacy Team, Adams County Mental Health Center, Commerce City, Colorado.

be reduced to screens for problems in the following areas: Student-Student Relationships, Teacher-Student Relationships, Teacher-Teacher Relationships, Principal-Student Relationships, Principal-Teacher Relationships, and School-Community Relationships. We concluded in addition that groups at risk, certain school services and features, and particular community characteristics should be included in the questionnaires as well.

During this conference it was the consultants who called attention to a number of other potential uses for these instruments:

1. Evaluating the effects of consultation
2. Planning by the superintendent's office for the allocation of resources among schools
3. Planning by a CMHC for the distribution of its resources
4. Documenting requests for funding for special services

In addition to providing background information about the school for the consultant and providing the principal with an opportunity to analyze his school across a variety of dimensions, it was further observed that the interview with the principal may prove valuable in gaining rapport, establishing the credibility of the consultant, and acquainting the principal with the broad range of problems that may be dealt with through indirect services.

Following the consultant's conference, the instruments were revised several times on the basis of data collected in other schools.

In final format the two questionnaires, staff and student, have much in common. Both staff and students are asked to indicate whether

a particular feature is a problem in their school, answering on a 5-point scale ranging from "Extreme Problem" to "No Problem At All". An additional response category, "Exceptionally Good", is also provided. Of the 70 items on the Problem Area Survey - Staff and the 49 items on the Problem Area Survey - Students, 40 are essentially equivalent.

The interview form, called the Demographic Information Form, is organized into five main sections: General Characteristics, School Characteristics, Staff Characteristics, Student Characteristics, and Summarization. In the summary, the principal is asked to list the most pressing needs and problems of the school as well as its greatest strengths.

DISCUSSION OF ILLUSTRATIVE DATA

During the workshop we used the data from one school (obtained in a second pilot study using the revised instruments) to illustrate the procedures for diagnosing school needs and problems. These data consisted of:

- (1) The completed Demographic Information Form (DIF),
- (2) The Staff and Student Questionnaires, each showing the number of respondents, the overall mean, and standard error, the distribution of responses to each item, the item means and T-scores and an indication (+ or -) of whether the item mean was "significantly" high ($T = 70$ or more) or low ($T = 30$ or less),

(3) The items of each of the questionnaires, reordered by item mean from high to low, and grouped as strong points, neutral items above the mean, neutral items below the mean and potential sources of problems;

(4) A summary tabulation showing, in parallel, the T-scores of the various areas covered in each questionnaire. (This summary sheet is the final product of the statistical analysis, but is probably the best point in the data reduction process for initiating a diagnostic analysis and identifying the areas of most and least concern and of greatest disagreement between staff and students.)

We pointed out certain entries in the DIF as being potential indicators of problems for this school: a growing and urbanizing community; low income families; the racial mix among the students but not among the staff; a large proportion of low and possibly under-achieving students; and the like.

The questionnaire data suggested that the major problems of the school were in the relationships between the (relatively new) principal and the staff and students. One of the participants in the workshop who came from the mental health center serving the school, was able to provide an independent report from the consultant currently working with the school. His report substantiated these findings.

SMALL GROUP EXERCISES

We then used the data from two other schools in two exercises. For these exercises the workshop participants were divided into five groups. Each group was asked to examine all of the data, identify the major problems of the school suggested by the data, and consider the strategy that might be used for intervention. These findings and plans were then reported in a general meeting.

While the participants expressed some discomfort in interpreting data from a school they had never visited, there was considerable agreement among the groups in their interpretations. The plans for intervention, not surprisingly, tended to be more varied.

CONSIDERATION OF OTHER ANALYTIC TECHNIQUES

A number of other procedures that were employed in analyzing the questionnaire data were described. These procedures, though more complex and sophisticated, yielded essentially the same results as those we recommend in the manual. These additional analyses indicate that simply calculating means and converting them to T-scores is quite adequate for the purpose of screening for problems. There is a need for "norms" on the questionnaire items, however. If normative data were available, we could compare item scores observed in a school with those to be "expected" in schools of the same type and draw further conclusions.

CRITIQUE OF MANUAL AND INSTRUMENTS

Some workshop participants would have liked additional and more detailed information from the DIF, such as the principal's expectations of consultation, the organizational structure of the school, the role of

student government, breakout of ethnic composition of entire staff rather than only teachers, types of pressure groups within the community, requirements for teacher certification, hidden agendas of staff meetings. They also suggested a profile for displaying a more extended classification of school problems.

COMMENTS BY NIMH OBSERVER AT THE WORKSHOP

Dr. MacLennan's comments emphasized the interest NIMH has in developing, broadening and expanding mental health consultation and indirect services throughout the country, particularly in the direction of preventive as opposed to ameliorative programs. She touched on the problems of getting more support for programs of consultation and education, on the need for developing broader competencies among mental health workers, and on the need for evaluating mental health services in order to justify requests for more predictable and sounder financial support.

The response made by the members of the group to these comments suggested some feelings of professional isolation among them. They would like to have had more time at the workshop to find out what all of the other participants were doing in the field. They felt a need for (1) some kind of regular meeting, and (2) some kind of general system for exchanging news and views, perhaps a newsletter or informal journal. The established channels of communication, the journals and other publications, are too demanding of time and polishing to be useful at the level needed. They also felt that a second conference next spring, to follow up the field trials of these instruments, would be extremely useful and informative.

There was some discussion of the ways in which these instruments might best be introduced into a school or a system. It became clear, in this discussion, however, that there was no one best way, that the best way would depend upon the relationship already existing between the consultant and the target group. If he was in close touch with the superintendent, that office might provide the best channel. In other cases the Principal, the Teachers, Pupil Personnel Services or even Student groups might be utilized as channels. Sanctions from higher levels of the system are evidently not always required for such activity. In any case, it was agreed that prescribing a rigid set of steps to be followed in introducing the survey instruments would be of questionable value and might possibly be harmful.

PLANNING THE FIELD TRIALS

We requested each participant to consider using the procedures and instruments in at least one school during the fall of 1974 and to prepare a brief report of this trial. The requirements of such a trial include:

- 1) Establishing a cooperative arrangement with one school
- 2) Collecting the interview and questionnaire information
- 3) Carrying out the analysis of the questionnaire data, or sending key-punched cards to the HumRRO research staff for processing
- 4) Reviewing the data summaries with appropriate school personnel
- 5) Assisting the school staff in selecting the focus and planning the strategy for intervention.

6) Writing a report on these experiences

The HumRRO staff can provide a program for computer analysis of the questionnaire data or, as noted above, will carry out the analysis if the consultant can provide key-punched cards. In addition, the staff will edit the various reports submitted by the consultants and arrange for publication of the collected papers.

Appendix A

1. Correspondence with Associate
Regional Health Director for
Mental Health, Regions I - X
(pages 15-18)
2. Correspondence with Directors
of Selected Mental Health Centers
(pages 19-20)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
National Institute of Mental Health

Memorandum

TO : Associate Regional Health Director for Mental Health DATE: December 12, 1973
Regions I - X

FROM : Acting Director, Division of Mental Health Service Programs

SUBJECT: Centers to invite to conference on assessing school problems relevant
to planning mental health consultation

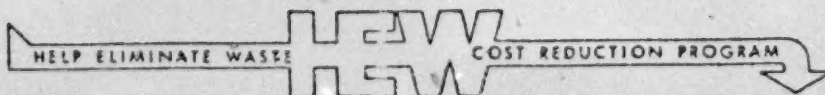
1. Under a research grant the Human Resources Research Organization (HumRRO) has developed instruments for assessing problems to be treated in mental health consultations with schools. As the final phase of the grant, HumRRO plans a workshop to train 20 community mental health center staff in the use of these procedures. This workshop will provide a critique useful in revising the procedures and facilitate dissemination of results to enhance utilization. I want to keep you informed of our efforts to increase local capabilities and to have the project benefit from your knowledge of particular centers. As explained in more detail in the attached letter from Elaine Taylor, we would like your help in choosing participants for the workshop who would be likely to benefit from this experience.

Frank M. Ochberg
Frank M. Ochberg, M.D.

Encl.

20

15



HUMAN RESOURCES RESEARCH ORGANIZATION
WESTERN DIVISION

Carmel Office

27857 Berwick Drive
Carmel, California 93921
(408) 675-1347

December 14, 1973

Dr. Charles Windle
Department of HEW
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Chuck:

As you know, we are planning a three day workshop to be held in March of '74 for mental health workers whose current activities include providing indirect services to schools. The workshop is to provide training in the use of three instruments which have been designed to enable a mental health consultant and a school principal to conduct a systematic survey of the mental health needs of a school in order to plan a program of indirect services that will be maximally relevant to the school. The instruments, of course, are those that were developed in our research project supported by an NIMH grant. The workshop is being supported by a supplementary grant from NIMH and will be cost-free to the participants.

In addition to providing training to mental health consultants in the use of the instruments and procedures, the workshop will:

1. Initiate dissemination of these research products to the mental health community.
2. Prepare two consultants in each HEW Region to be resource people for others who plan to utilize the instruments.
3. Provide information for a final revision of a "Procedures Manual: Using Survey Instruments in the Identification of Problems to be Treated in Mental Health Consultations with Schools."
4. Identify those consultants who will be able to use the instruments and procedures during the next school year and provide us afterwards with brief reports on their field experiences. (A collection of these papers could then be prepared for publication.)

The three survey instruments serve, in particular, to point out (1) those systemic problems in a school which impede the effective accomplishment of its overall mission, such as poor relationships among the teachers or faculty disagreement about educational goals and (2) groups of students at risk, such as potential dropouts, drug abusers, teen-age parents, etc. The instruments are: (1) A questionnaire for the school staff, (2) A questionnaire for students, and (3) An interview schedule to be completed by the consultant in a meeting with the principal.

During the course of the workshop, the procedures for gathering, analyzing, and interpreting the data will be explained and exemplified. Participants will be asked to provide (1) a critique of the procedures manual as it is in draft form at the time of the workshop and, (2) approximately eight months after the workshop is completed, a brief report of their field experiences in using the instruments.

The plan for selecting participants is to invite 20 mental health workers, two from each of the HEW Regions. Because the survey instruments focus upon systemic problems of schools and groups at risk, we want to identify as potential participants consultants who are now or plan to become actively engaged in Program-Oriented Consultation with schools. Consultants who are now and plan to remain solely engaged in Case-Oriented Consultation are not likely to profit particularly from attendance at the workshop.

In order to develop a list of potential participants, we first identified those Centers which reported considerable time (more than 50 hours) devoted to Program-Oriented Consultation with schools during the month of January 1972 on the NIMH Inventory Form. A list of these centers, by Region and State was forwarded to you a few days ago.

At this time, through your office, we want to request the assistance of Regional Offices to review the list of centers identified as above which are located in their Region and: 1) Indicate which of the centers on the list they judge to be inappropriate as sources of participants at this time. 2) Add any centers in their Region that are not included but which are likely to undertake, in the next year, significant levels of Program-Oriented Consultation with schools. 3) Indicate for each of the appropriate centers above (a) how interested they believe the Center's Director would be in having one of his staff members attend the workshop with cost for travel, room and board reimbursed by us, (b) the extent to which each center is continuing to be involved with schools, and (c) their own preferences as to the geographic locations of such resource persons in their Region. 4) On the basis of the criteria above (a, b, and c), list in order of preference the three or four centers in their Region that they consider the most appropriate sources of participants in the workshop.

On the basis of this information from Regional Offices we will write directly to the Directors of selected Centers asking them to suggest potential participants and giving them a set of criteria on which they can base their selection.

The assistance you can give us in obtaining the needed information from the Regional Offices will be greatly appreciated. We would like to set mid-January '74 as the deadline for completing this phase in the selection of participants for the workshop.

Sincerely,

Elaine

Elaine N. Taylor (Ph.D.)
Senior Scientist

ENT:d1

CC: Dr. Beryce MacLennan

HUMAN RESOURCES RESEARCH ORGANIZATION

WESTERN DIVISION

Carmel Office

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The Human Resources Research Organization (HumRRO) is sponsoring a workshop to disseminate the products of a research study: Project PARIS - Assessing School Problems Relevant to Planning Mental Health Consultation (Grant Number MH 21708-02), to be held at the Asilomar Conference Grounds in Pacific Grove, California, 20, 21, and 22 March, 1974. This workshop, supported by a supplemental grant from NIMH, will be cost-free to the participants. Only twenty consultants are being invited to participate, two from each HEW region.

The immediate purpose of the workshop is to provide training in the use of three survey instruments which have been designed for mental health consultants and school principals (or their representatives) to use in planning programs of consultation in their schools. The first of these instruments is a brief questionnaire for teachers and other staff, designed to identify the main source or sources of problems in the school. The second is a parallel but slightly shorter questionnaire for the students. The third is a questionnaire for the principal (or his representative) covering a number of the demographic and situational characteristics of the school.

The three instruments serve, in particular, to point out (1) systemic problems in a school which impede the effective accomplishment of its overall mission, such as poor relationships among the teachers or faculty disagreement about educational goals and (2) groups of students at risk, such as potential dropouts, drug abusers, teen-age parents, etc. Together they provide fairly exhaustive coverage of the possible sources of those systemic problems of a school that might be amenable to treatment by mental health consultation.

The proximate purposes of the workshop are to:

1. Initiate dissemination of these research products to the mental health community.

2. Prepare two consultants in each HEW Region to be resource people for others who plan to utilize the instruments.

3. Provide information for a final revision of a "Procedures Manual: Using Survey Instruments in the Identification of Problems to be Treated in Mental Health Consultations with Schools."

4. Identify those consultants who will be able to use the instruments and procedures during the next school year and then provide us afterwards with brief reports on their field experiences. (A collection of these papers could then be prepared for publication.)

Your center has been named by the associate regional health director for mental health of your region as one (a) which is likely to be undertaking, in the next year, significant levels of Program-Oriented Consultation with schools, (b) where the director is likely to be interested in having one of his staff members attend the workshop, (c) which is likely to continue to be involved with schools on a long-term basis, and (d) where a resource person for the region might be appropriately located.

In view of the various purposes of the workshop and the various criteria used in selecting your center as a source for a participant, could you select one of the consultants on your staff to attend the workshop? Ideally, the participant would be one who (a) has a continuing commitment to consultation programs with schools; (b) is likely to follow through on the implementation of the procedures developed in the parent study in at least one school during the coming year, (c) has had experience in training other mental health workers in consultation practices; and (d) is likely to be available in the future to serve as a resource person for the region. While the number of consultants who satisfy all these criteria is probably limited, we are looking for participants who possess at least several of these characteristics. Consultants who are now and plan to remain engaged solely in pure case-oriented or client centered consultation, however, are not likely to profit particularly from attendance at this workshop.

We would like to provide participants with the various materials to be used in the workshop well before the workshop takes place. It would be most convenient, therefore, for us and for the participants, if you could let us know as soon as possible whether or not you can suggest one of your staff as a participant and, if you can, his name and mailing address.

Since time for making arrangements is limited, would you please call me, collect, as soon as you have chosen a candidate, at 408-625-1347.

Sincerely,

Elaine N. Taylor, Ph.D.
Principal Investigator

Appendix B

Workshop Participants

WORKSHOP PARTICIPANTS

Region I

Dr. Larry Starr
Aroostook Mental Health Center
Ft. Fairfield, Maine 04742
207-472-3511

Dr. Michael Singer
Concord Area Comprehensive MCH
Community Agencies Building
Concord, Mass. 01742
617-259-0482

Region II

Dr. Lenore Walker
Coordinator of Educational Outreach
CMHC of Rutgers Psychiatric Institute
Rutgers Medical School
Piscataway, New Jersey 08854
201-564-4237

Dr. Gerald Rubenstein
R-216
Community Mental Health Center
University of Rochester
Rochester, New York 14627
716-275-3129

Region III

Dr. George W. Franklin
Area C Community Mental Health Center
1915 16th Street N.W.- Suite 204
Washington, D. C. 20009

Mr. William McDonough
Northwest Center
27 E. Mount Airy Avenue
Philadelphia, Pa. 19119
215-247-8444

Region IV

Miss Joyce Dumars
Mobile Mental Health Center MC
P. O. Box 1524
Mobile, Alabama 36601

Mrs. Sylvia Barnes
Orange-Person-Chatham Co. MHC
310 W. Franklin Street
Chapel Hill, N. C. 27514
919-929-4723

Region V

Dr. Carlos Plazas
Edgewater-Uptown CMHC
1041 West Wilson Avenue
Chicago, Illinois 60640

Dennis Anderson
Central Minnesota Mental Health Center
St. Cloud, Minnesota 56301
612-252-5010

Region VI

Dr. Donald Martin
Ouachita Regional Counseling & MHC
119 Convention Blvd.
Hot Springs, Arkansas 71901
501-624-4043

Mr. Julius Adams
Ouachita Regional Counseling & MHC
119 Convention Blvd.
Hot Springs, Arkansas 71901
501-624-4043

Region VII

Dr. Lincoln B. Calvin
Malcolm Bliss Mental Health Center
1420 Grattan Street
St. Louis, Missouri 63104
314-241-7600

Dr. Robert Dysart
Western Satellite Clinic
210 S. Range
Colby, Kansas 67701
913-462-2502

Region VIII

Dr. Morton Flax
Arapahoe Mental Health Center
4857 S. Broadway
Englewood, Colorado 80110
303-761-0620

Dr. Sheldon Callister
Webber Mental Health Center
350 Healy Street
Ogden, Utah 84401
801-399-8384

Region IX

Mr. Robert Robinson
Emanuel Hospital CMHC
824 Delbon Avenue
Turlock, Ca. 95380
209-634-9151

Dr. Joan Rosenblatt
Tucson East CMHC
4455 E. Fifth Street
Tucson, Arizona 85711
602-881-0520

Region X

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Eastern Oregon CMHC
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Pendleton, Oregon 97801
503-276-3229

Mrs. Cecelia Saari
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